



# Georgia Weatherization Assistance Program Assessment Form



|                         |  |  |             |                     |  |
|-------------------------|--|--|-------------|---------------------|--|
| Date:                   |  | Job Number:                                |             | Auditor:            |  |
| Customer Name:          |  |  |             | Phone:              |  |
| Address:                |  |  |             | Alt. Phone:         |  |
| City:                   |  | Zip Code:                                  |             | County:             |  |
| Congressional District: |  | GA House District:                         |             | GA Senate District: |  |
| Driving<br>Directions:  |  |  |             |                     |  |
| Dwelling Type:          | <input type="checkbox"/> SINGLE FAMILY | <input type="checkbox"/> MANUFACTURED HOME | Year built: |                     |  |
| Conditioned Area:       |  | Ceiling Height:                            |             | Number of Stories:  |  |
| Volume:                 |  |  |             |                     |  |
| Number of Occupants:    |  |  |             |                     |  |

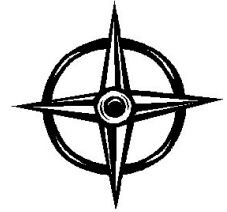
## ASSESSMENT SUMMARY:

|  |
|--|
|  |
|--|

## HOUSE DETAILS

### House Floorplan

Include wall lengths, location of windows and doors, and orientation of home



## HEALTH & SAFETY

### OCCUPANT HEALTH\*

|  |
|--|
| Number of elderly (65 or older) living in the home: <input type="text"/>   |
| Number of infants (2 or younger) living in the home: <input type="text"/>  |
| Number of children (12 or younger) living in the home: <input type="text"/>  |
| Are any occupants pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are any occupants asthmatic? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Do any occupants have health conditions that may be worsened by exposure to high temperatures?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe health issues:<br><div style="border: 1px dashed black; height: 50px; margin-top: 5px;"></div>  |
| Do any occupants have known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If yes, list all known allergies:<br><div style="border: 1px dashed black; height: 50px; margin-top: 5px;"></div>  |
| Client health issues prohibit Blower Door testing? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Summary of household health concerns:<br><div style="border: 1px dashed black; height: 100px; margin-top: 5px;"></div>                                     |
| <small>*Documentation of all occupant health concerns should be kept in the client's file</small>  |

## HEALTH & SAFETY

### MOLD & MOISTURE

Check all areas that show signs of excessive moisture damage, standing water, and/or mold growth:

|                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Laundry Room      | <input type="checkbox"/> Crawl Space/Basement |
| <input type="checkbox"/> Bedrooms    | <input type="checkbox"/> Combustion closet | <input type="checkbox"/> <input type="text"/> |
| <input type="checkbox"/> Bathrooms   | <input type="checkbox"/> Attic             | <input type="checkbox"/> <input type="text"/> |
| <input type="checkbox"/> Kitchen     | <input type="checkbox"/> Garage            | <input type="checkbox"/> <input type="text"/> |

Provide additional information on extent of moisture issue:

### UNSANITARY CONDITIONS (sewage, odors, mustiness, etc.)

Check all areas that show signs of being contaminated by biological or unsanitary conditions, either through visual inspection or due to odor:

|                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Laundry Room      | <input type="checkbox"/> <input type="text"/> |
| <input type="checkbox"/> Bedrooms    | <input type="checkbox"/> Combustion closet | <input type="checkbox"/> <input type="text"/> |
| <input type="checkbox"/> Bathrooms   | <input type="checkbox"/> Attic             | <input type="checkbox"/> <input type="text"/> |
| <input type="checkbox"/> Kitchen     | <input type="checkbox"/> Garage            | <input type="checkbox"/> <input type="text"/> |

Provide additional information about the extent of the unsanitary condition(s):

### Pests

Pest infestation identified in home that will prevent weatherization? ☐ Yes ☐ No

Pest issues in home that should be addressed during weatherization? ☐ Yes ☐ No

Summary of pest issues:

\*Provide photo documentation of all existing mold & moisture, unsanitary conditions, and/or pest problems

## HEALTH & SAFETY

### DRAINAGE

Does the house have gutters/downspouts that should be repaired prior to weatherization? ☐ Yes ☐ No

Are there visible indications that water drains toward the foundation? ☐ Yes ☐ No

Does the house have landscaping that prohibits water from draining from the foundation? ☐ Yes ☐ No

Provide additional information about any drainage issues that must be addressed prior to weatherization:

### ASBESTOS EVALUATION

Visual exterior inspection indicates possible asbestos siding exists: ☐ Yes ☐ No

Visual inspection indicates that asbestos-containing vermiculite is present in the home: ☐ Yes ☐ No

Visual inspection indicates that asbestos is present in covering materials:

☐ Piping ☐ Furnace ☐ Ductwork Other:

Pressurize home for Blower Door Test? ☐ Yes ☐ No

Description of areas containing asbestos:

### LEAD PAINT EVALUATION - Pre-1978 dwellings

Visual exterior inspection indicates possible lead paint deterioration existing: ☐ Yes ☐ No

Visual interior inspection indicates possible lead paint deterioration existing: ☐ Yes ☐ No

Areas Tested: ☐ SIDING ☐ WALLS ☐ WINDOWS ☐ CEILING ☐ DOORS

Based on weatherization measures to be installed, will LSW be required? ☐ Yes ☐ No

Does current condition of paint require that the home be deferred until resolved? ☐ Yes ☐ No

Description of areas containing lead-based paint:

**\*Include copies of all test kit documentation for house & proof of occupant education with this form**

\*Provide photo documentation of all existing drainage, asbestos, and/or lead, issues

## HEALTH & SAFETY

### ELECTRICAL

| ELECTRIC BOX  | MANUFACTURER                              | BOX SIZE                                      | COVER  | TYPE                                      | LOCATION                                  |
|---|---|---|--|---|---|
| Main Panel  | <input style="width: 100%;" type="text"/> | <input style="width: 50%;" type="text"/> AMPS | <input type="checkbox"/> Yes <input type="checkbox"/> No                     | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Sub Panel   | <input style="width: 100%;" type="text"/> | <input style="width: 50%;" type="text"/> AMPS | <input type="checkbox"/> Yes <input type="checkbox"/> No                     | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Is knob and tube wiring present? <input type="checkbox"/> Yes <input type="checkbox"/> No             |   |   | Is the wiring live? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |
| Is there exposed and/or deteriorated wiring? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |  |   |   |
| Is aluminum wiring present? <input type="checkbox"/> Yes <input type="checkbox"/> No                  |   |   | Load test required? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |
| Comments:<br><div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>              |   |   |  |   |   |
| <b>*Include documents from certified electrician if load and/or safety testing is completed</b>       |   |   |  |   |   |

### FIRE HAZARDS

Is a fire hazard present that requires the home to be deferred? ☐ Yes ☐ No

If yes, describe the fire hazard:

Are fire hazards present that must be moved before work may begin? ☐ Yes ☐ No

If yes, describe the location and extent of the issue:

### DETECTORS & FIRE EXTINGUISHERS

|  | Existing?  | Operational?   | Number to Install                         | Locations                                 |
|--|--|--|---|---|
| Smoke  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| CO   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Are fire extinguishers present? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |   |
| Is a solid fuel appliance present that requires new fire extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |   |   |

\*Provide photo documentation of all existing electrical, fire hazard, and/or detector issues

## COMBUSTION APPLIANCES

### COMBUSTION SAFETY TESTING LIMIT CHARTS

Use the charts on this page when performing combustion safety testing on all relevant heating equipment.

Stop testing and ventilate house if ambient CO levels in the living space exceed 9 ppm at any time.

#### WORST CASE DEPRESSURIZATION LIMITS

| Venting Condition   | Limit (Pascals) |
|---|-----------------|
| Orphan natural draft water heater   | -2              |
| Natural draft furnace or boiler commonly vented with water heater               | -3              |
| Natural draft furnace or boiler with damper commonly vented with water heater   | -5              |
| Individual natural draft water heater or furnace                                | -5              |
| Mechanically assisted draft furnace or boiler commonly vented with water heater | -5              |
| Mechanically assisted draft furnace or boiler alone, or fan assisted DHW alone  | -15             |
| Sealed combustion or direct vent appliances                                     | -50             |

#### ACCEPTABLE DRAFT TEST RANGES

| Outdoor Temperature (F°) | Minimum Draft Pressure Standard (Pascals) |
|--------------------------|---|
| <10                      | -2.5                                      |
| 10-90                    | (Temperature outdoors ÷ 40) -2.75         |
| >90                      | -0.5                                      |

#### CARBON MONOXIDE ACTION LEVELS

| CO Test Result | And/<br>Or | Spillage and Draft<br>Test Result | Action   |
|----------------|------------|-----------------------------------|--|
| 0-25 ppm       | And        | Passes                            | Proceed with work  |
| 26-100 ppm     | And        | Passes                            | Recommend that the CO problem be fixed                       |
| 26-100 ppm     | AND        | Fails worst case                  | Recommend service call for appliance or repair to home       |
| 100-400 ppm    | OR         | Fails natural                     | <i>Stop Work: Do not proceed until problem is corrected</i>  |
| >400 ppm       | And        | Passes                            | <i>Stop Work: Do not proceed until problem is corrected</i>  |
| >400 ppm       | And        | Fails any condition               | <i>Emergency: Shut off appliance for service immediately</i> |

## COMBUSTION APPLIANCE INFORMATION

### COMBUSTION APPLIANCE 1

|   |   |  |  |
|---|---|--|--|
| Heating Unit Type: <input type="checkbox"/> FORCED AIR <input type="checkbox"/> SPACE HEATER <input type="checkbox"/> WATER HEATER <input type="checkbox"/> OTHER: <input style="width: 100px;" type="text"/> |   |  |  |
| Manufacturer: <input style="width: 150px;" type="text"/>  |   | Model Number: <input style="width: 150px;" type="text"/>                     |  |
| Efficiency: <input style="width: 100px;" type="text"/>  |   |  |  |
| Fuel Type: <input style="width: 100px;" type="text"/>   | Rated BTU Input: <input style="width: 100px;" type="text"/> | Rated BTU Output: <input style="width: 100px;" type="text"/>                 |  |
| Vented Properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |   | If no, describe: <input style="width: 150px;" type="text"/>                  |  |
| Adequate combustion air? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | If no, how much is needed? <input style="width: 100px;" type="text"/>        |  |
| Is system red tagged? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | Is system disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Comments:<br><div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>  |   |  |  |

### COMBUSTION APPLIANCE 2

|   |   |  |  |
|---|---|--|--|
| Heating Unit Type: <input type="checkbox"/> FORCED AIR <input type="checkbox"/> SPACE HEATER <input type="checkbox"/> WATER HEATER <input type="checkbox"/> OTHER: <input style="width: 100px;" type="text"/> |   |  |  |
| Manufacturer: <input style="width: 150px;" type="text"/>  |   | Model Number: <input style="width: 150px;" type="text"/>                     |  |
| Efficiency: <input style="width: 100px;" type="text"/>  |   |  |  |
| Fuel Type: <input style="width: 100px;" type="text"/>   | Rated BTU Input: <input style="width: 100px;" type="text"/> | Rated BTU Output: <input style="width: 100px;" type="text"/>                 |  |
| Vented Properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |   | If no, describe: <input style="width: 150px;" type="text"/>                  |  |
| Adequate combustion air? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | If no, how much is needed? <input style="width: 100px;" type="text"/>        |  |
| Is system red tagged? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | Is system disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Comments:<br><div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>  |   |  |  |

### COMBUSTION APPLIANCE 3

|   |   |  |  |
|---|---|--|--|
| Heating Unit Type: <input type="checkbox"/> FORCED AIR <input type="checkbox"/> SPACE HEATER <input type="checkbox"/> WATER HEATER <input type="checkbox"/> OTHER: <input style="width: 100px;" type="text"/> |   |  |  |
| Manufacturer: <input style="width: 150px;" type="text"/>  |   | Model Number: <input style="width: 150px;" type="text"/>                     |  |
| Efficiency: <input style="width: 100px;" type="text"/>  |   |  |  |
| Fuel Type: <input style="width: 100px;" type="text"/>   | Rated BTU Input: <input style="width: 100px;" type="text"/> | Rated BTU Output: <input style="width: 100px;" type="text"/>                 |  |
| Vented Properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |   | If no, describe: <input style="width: 150px;" type="text"/>                  |  |
| Adequate combustion air? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | If no, how much is needed? <input style="width: 100px;" type="text"/>        |  |
| Is system red tagged? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | Is system disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Comments:<br><div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>  |   |  |  |



## COMBUSTION APPLIANCE TESTING

### UNVENTED APPLIANCES

|   |   |
|---|---|
| Unvented space heaters used for primary heat? <input type="checkbox"/> Yes <input type="checkbox"/> No                  | How many? <input style="width: 50px;" type="text"/> |
| May any be used as a secondary heat source (per DOE guidance)? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| How many must be removed prior to weatherization? <input style="width: 100px;" type="text"/>                            |   |

### COMBUSTION SAFETY TESTING—APPLIANCE 1

|   |   |  |
|---|---|--|
| Appliance Type: <input style="width: 100px;" type="text"/>          | Fuel Type: <input style="width: 100px;" type="text"/>   | Location: <input style="width: 100px;" type="text"/>       |
| Gas Leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, where? <input style="width: 150px;" type="text"/>   |  |
| WORST CASE DEPRESSURIZATION:  | Base: <input style="width: 30px;" type="text"/> Pa  | Gross: <input style="width: 30px;" type="text"/> Pa        |
|   | Net: <input style="width: 30px;" type="text"/> Pa   |  |
|   | Limit: <input style="width: 30px;" type="text"/> Pa   |  |
|   | <input type="checkbox"/> Pass <input type="checkbox"/> Fail   |  |
| SPILLAGE:   | Worst Case: <input style="width: 30px;" type="text"/> SECONDS   | Natural: <input style="width: 30px;" type="text"/> SECONDS |
|   | <input type="checkbox"/> Pass <input type="checkbox"/> Fail   |  |
| DRAFT:  | Limit: <input style="width: 30px;" type="text"/> Pa   |  |
| Outdoor temperature: <input style="width: 30px;" type="text"/>      | Worst Case: <input style="width: 30px;" type="text"/> Pa  | Natural: <input style="width: 30px;" type="text"/> Pa      |
| CARBON MONOXIDE:  | Undiluted: <input style="width: 30px;" type="text"/> ppm  |  |
|   | CAZ Ambient: <input style="width: 30px;" type="text"/> ppm <i>Record highest ambient CO measured in CAZ</i>     |  |
|   | House Ambient: <input style="width: 30px;" type="text"/> ppm <i>Record highest ambient CO measured in house</i> |  |

### COMBUSTION SAFETY TESTING—APPLIANCE 2

|   |   |  |
|---|---|--|
| Appliance Type: <input style="width: 100px;" type="text"/>          | Fuel Type: <input style="width: 100px;" type="text"/>   | Location: <input style="width: 100px;" type="text"/>       |
| Gas Leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, where? <input style="width: 150px;" type="text"/>   |  |
| WORST CASE DEPRESSURIZATION:  | Base: <input style="width: 30px;" type="text"/> Pa  | Gross: <input style="width: 30px;" type="text"/> Pa        |
|   | Net: <input style="width: 30px;" type="text"/> Pa   |  |
|   | Limit: <input style="width: 30px;" type="text"/> Pa   |  |
|   | <input type="checkbox"/> Pass <input type="checkbox"/> Fail   |  |
| SPILLAGE:   | Worst Case: <input style="width: 30px;" type="text"/> SECONDS   | Natural: <input style="width: 30px;" type="text"/> SECONDS |
|   | <input type="checkbox"/> Pass <input type="checkbox"/> Fail   |  |
| DRAFT:  | Limit: <input style="width: 30px;" type="text"/> Pa   |  |
| Outdoor temperature: <input style="width: 30px;" type="text"/>      | Worst Case: <input style="width: 30px;" type="text"/> Pa  | Natural: <input style="width: 30px;" type="text"/> Pa      |
| CARBON MONOXIDE:  | Undiluted: <input style="width: 30px;" type="text"/> ppm  |  |
|   | CAZ Ambient: <input style="width: 30px;" type="text"/> ppm <i>Record highest ambient CO measured in CAZ</i>     |  |
|   | House Ambient: <input style="width: 30px;" type="text"/> ppm <i>Record highest ambient CO measured in house</i> |  |

## COMBUSTION APPLIANCES

### COMBUSTION SAFETY TESTING—APPLIANCE 3

|   |  |  |
|---|--|--|
| Appliance Type: <input style="width: 80%;" type="text"/>            | Fuel Type: <input style="width: 80%;" type="text"/>  | Location: <input style="width: 80%;" type="text"/> |
| Gas Leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, where? <input style="width: 80%;" type="text"/>                                    |  |
| WORST CASE DEPRESSURIZATION:  | Base: <input type="text"/> Pa  | Gross: <input type="text"/> Pa                     |
|   | Net: <input type="text"/> Pa   |  |
|   | Limit: <input type="text"/> Pa   |  |
|   | <input type="checkbox"/> Pass <input type="checkbox"/> Fail                                |  |
| SPILLAGE:   | Worst Case: <input type="text"/> SECONDS   | Natural: <input type="text"/> SECONDS              |
|   | <input type="checkbox"/> Pass <input type="checkbox"/> Fail                                |  |
| DRAFT:  | Limit: <input type="text"/> Pa   |  |
| Outdoor temperature: <input type="text"/>                           | Worst Case: <input type="text"/> Pa  | Natural: <input type="text"/> Pa                   |
| CARBON MONOXIDE:  | Undiluted: <input type="text"/> ppm  |  |
|   | CAZ Ambient: <input type="text"/> ppm <i>Record highest ambient CO measured in CAZ</i>     |  |
|   | House Ambient: <input type="text"/> ppm <i>Record highest ambient CO measured in house</i> |  |

### GAS COOK TOP CO LIMITS & ACTIONS

|            |  |   |
|------------|--|---|
| Gas Burner | <input type="checkbox"/> <25 ppm       | Clean or repair burner, install CO detector                 |
|            | <input type="checkbox"/> >25 ppm       | <i>Deferral required until CO issues have been resolved</i> |
| Gas Oven   | <input type="checkbox"/> 100 - 300 ppm | Install CO detector and service                             |
|            | <input type="checkbox"/> >300 ppm      | <i>Deferral required until CO issues have been resolved</i> |

### GAS COOK TOP & OVEN

|   | Operational?   | CO ppm                   | CO Pass/Fail  | Clean/Repair                   |                                 |
|---|--|--------------------------|---|--------------------------------|---------------------------------|
| Front Left  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Clean | <input type="checkbox"/> Repair |
| Front Right   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Clean | <input type="checkbox"/> Repair |
| Rear left   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Clean | <input type="checkbox"/> Repair |
| Rear Right  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Clean | <input type="checkbox"/> Repair |
| Oven  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Clean | <input type="checkbox"/> Repair |
| Ambient CO level: <input type="text"/> <i>Record highest ambient CO measured during testing of unit</i> |  |                          |   |                                |                                 |

## INSULATION - SITE BUILT HOME

### WALL INSULATION - SIDE WALLS

|   | Wall 1  | Wall 2  | Wall 3  | Wall 4  |
|---|---|---|---|---|
| Orientation:  | <input type="text"/>                                  | <input type="text"/>                                  | <input type="text"/>                                  | <input type="text"/>                                  |
| Existing Insulation Type:   | <input type="text"/>                                  | <input type="text"/>                                  | <input type="text"/>                                  | <input type="text"/>                                  |
| Existing R-value:   | <input type="text"/>                                  | <input type="text"/>                                  | <input type="text"/>                                  | <input type="text"/>                                  |
| Repairs Needed?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Can wall be dense-packed?:  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Electrical Concern?   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Area to Insulate:   | <input type="text"/>                                  | <input type="text"/>                                  | <input type="text"/>                                  | <input type="text"/>                                  |
| Framing Type: <input type="checkbox"/> BALLOON <input type="checkbox"/> PLATFORM  |   |   |   |   |
| Wall exterior: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Brick/Stone Other: <input type="text"/>      |   |   |   |   |
| Stud width: <input type="checkbox"/> 2x4 16"OC <input type="checkbox"/> 2x6 16"OC <input type="checkbox"/> 2x6 24"OC                              |   |   |   |   |
| Wall interior: <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Paneling Other: <input type="text"/>    |   |   |   |   |
| Health & Safety concerns documented? Refer to section(s): <input type="text"/>  |   |   |   |   |
| Infrared camera used to inspect walls? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, include pictures with file</small> |   |   |   |   |
| Comments: <input type="text"/>  |   |   |   |   |

### CRAWLSPACE/BASEMENT

|   |   |
|---|---|
| Foundation Type: <input type="checkbox"/> Crawlspace <input type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/> Raised/Pier |   |
| Access location: <input type="text"/>   |   |
| Access repairs needed? <input type="checkbox"/> Yes <input type="checkbox"/> No   | New access needed? <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| Crawlspace type: <input type="checkbox"/> Vented <input type="checkbox"/> Unvented <input type="checkbox"/> N/A   | Conditioned basement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Adequate ventilation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, how much needed? <input type="text"/>  |   |
| Health & Safety concerns documented? Refer to section(s): <input type="text"/>  |   |
| Area of Insulated Subfloor: <input type="text"/>  | Existing Insulation Type: <input type="text"/> Existing Thickness: <input type="text"/>                     |
| Condition of Existing Insulation: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> N/A  |   |
| Joist depth: <input type="text"/>   | Joist spacing: <input type="text"/> Insulation to add: <input type="text"/>                                 |
| Ground vapor barrier required? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Area to cover: <input type="text"/> Wall height: <input type="text"/>                                       |
| Comments: <input type="text"/>  |   |

## INSULATION - SITE BUILT HOME

### ATTIC INSULATION - MAIN ATTIC

|  |  |
|--|--|
| Health & Safety concerns documented? Refer to section(s): <input style="width: 150px;" type="text"/>   |  |
| Attic Type: <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished  |  |
| <b>Unfinished Attic:</b> <input type="checkbox"/> Unfloored <input type="checkbox"/> Floored <input type="checkbox"/> Cathedral/Flat<br>Area: <input style="width: 80px;" type="text"/> Joist depth: <input style="width: 80px;" type="text"/> Joist spacing: <input style="width: 80px;" type="text"/><br>Existing Insulation Type: <input style="width: 120px;" type="text"/> Existing Thickness: <input style="width: 80px;" type="text"/><br>Condition of Existing Insulation: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR Amount of Insulation to add: <input style="width: 100px;" type="text"/><br>Attic Access Location: <input style="width: 250px;" type="text"/> Type of Access: <input style="width: 150px;" type="text"/><br>Access area: <input style="width: 80px;" type="text"/> ft <sup>2</sup> Access functional? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Finished Attic:</b> Kneewall Area: <input style="width: 80px;" type="text"/> Kneewall Existing R-value: <input style="width: 80px;" type="text"/> Kneewall Insulation to add: <input style="width: 80px;" type="text"/><br>Rafter Area: <input style="width: 80px;" type="text"/> Rafter Insulation Type: <input style="width: 100px;" type="text"/> Rafter insulation to add: <input style="width: 80px;" type="text"/><br>Collar Area: <input style="width: 80px;" type="text"/> Collar Insulation Type: <input style="width: 100px;" type="text"/> Collar insulation to add: <input style="width: 80px;" type="text"/>   |  |
| Insulation dams required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? <input style="width: 100px;" type="text"/>  |  |
| Comments: <input style="height: 40px;" type="text"/>   |  |

### ATTIC INSULATION - SECONDARY ATTIC

|  |  |
|--|--|
| Health & Safety concerns documented? Refer to section(s): <input style="width: 150px;" type="text"/>   |  |
| Attic Type: <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished  |  |
| <b>Unfinished Attic:</b> <input type="checkbox"/> Unfloored <input type="checkbox"/> Floored <input type="checkbox"/> Cathedral/Flat<br>Area: <input style="width: 80px;" type="text"/> Joist depth: <input style="width: 80px;" type="text"/> Joist spacing: <input style="width: 80px;" type="text"/><br>Existing Insulation Type: <input style="width: 120px;" type="text"/> Existing Thickness: <input style="width: 80px;" type="text"/><br>Condition of Existing Insulation: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR Amount of Insulation to add: <input style="width: 100px;" type="text"/><br>Attic Access Location: <input style="width: 250px;" type="text"/> Type of Access: <input style="width: 150px;" type="text"/><br>Access area: <input style="width: 80px;" type="text"/> ft <sup>2</sup> Access functional? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Finished Attic:</b> Kneewall Area: <input style="width: 80px;" type="text"/> Kneewall Existing R-value: <input style="width: 80px;" type="text"/> Kneewall Insulation to add: <input style="width: 80px;" type="text"/><br>Rafter Area: <input style="width: 80px;" type="text"/> Rafter Insulation Type: <input style="width: 100px;" type="text"/> Rafter insulation to add: <input style="width: 80px;" type="text"/><br>Collar Area: <input style="width: 80px;" type="text"/> Collar Insulation Type: <input style="width: 100px;" type="text"/> Collar insulation to add: <input style="width: 80px;" type="text"/>   |  |
| Insulation dams required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? <input style="width: 100px;" type="text"/>  |  |
| Comments: <input style="height: 40px;" type="text"/>   |  |

## HOUSE DETAILS

### WINDOWS, & DOORS

|   |  |
|---|--|
| Average window size: <input style="width: 50px;" type="text"/>  | Number facing: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West |
| Window Glazing: <input type="checkbox"/> Single pane <input type="checkbox"/> Single w/storm <input type="checkbox"/> Double pane <input type="checkbox"/> Double w/Low E   |  |
| Window frame material: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl Other: <input style="width: 100px;" type="text"/>  |  |
| Average door area: <input style="width: 50px;" type="text"/>  | Number facing: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West |
| Door material: <input type="checkbox"/> Solid Wood <input type="checkbox"/> Hollow Wood <input type="checkbox"/> Insulated Metal <input type="checkbox"/> Glass Other: <input style="width: 100px;" type="text"/> |  |
| Existing Storm Doors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor                       |  |

### CANTILEVERS & CEILINGS OVER GARAGES

|                      | Section 1  | Section 2  | Section 3  |
|----------------------|--|--|--|
| Area Type            | <input type="checkbox"/> Cantilever<br><input type="checkbox"/> Ceiling over garage  | <input type="checkbox"/> Cantilever<br><input type="checkbox"/> Ceiling over garage  | <input type="checkbox"/> Cantilever<br><input type="checkbox"/> Ceiling over garage  |
| Length               | <input style="width: 100px;" type="text"/>   | <input style="width: 100px;" type="text"/>   | <input style="width: 100px;" type="text"/>   |
| Width                | <input style="width: 100px;" type="text"/>   | <input style="width: 100px;" type="text"/>   | <input style="width: 100px;" type="text"/>   |
| Depth                | <input style="width: 100px;" type="text"/>   | <input style="width: 100px;" type="text"/>   | <input style="width: 100px;" type="text"/>   |
| Existing Insulation? | <input type="checkbox"/> None<br><input type="checkbox"/> Fiberglass batt<br><input type="checkbox"/> Dense Packed<br>Other: <input style="width: 50px;" type="text"/> | <input type="checkbox"/> None<br><input type="checkbox"/> Fiberglass batt<br><input type="checkbox"/> Dense Packed<br>Other: <input style="width: 50px;" type="text"/> | <input type="checkbox"/> None<br><input type="checkbox"/> Fiberglass batt<br><input type="checkbox"/> Dense Packed<br>Other: <input style="width: 50px;" type="text"/> |

### ROOF

|   |
|---|
| Roof Construction Details (hip or gable; metal or asphalt shingles): <input style="width: 250px;" type="text"/>   |
| Health & Safety concerns documented? Refer to section(s): <input style="width: 350px;" type="text"/>  |
| Major damage/structural issues? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, describe extent and location of issues:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>          |
| Shielding: <input type="checkbox"/> Exposed <input type="checkbox"/> Normal <input type="checkbox"/> Well-Shielded  |
| Attic Ventilation: <input type="checkbox"/> None <input type="checkbox"/> Soffit <input type="checkbox"/> Ridge <input type="checkbox"/> Gable <input type="checkbox"/> Power Vent Other: <input style="width: 50px;" type="text"/> |
| Existing ventilation area: <input style="width: 80px;" type="text"/> ft <sup>2</sup> Amount to add? <input style="width: 80px;" type="text"/> ft <sup>2</sup> <input type="checkbox"/> None   |

## HOUSE DETAILS - MANUFACTURED HOME

### ROOF

|  |   |
|--|---|
| Roof Type: <input type="checkbox"/> Pitched <input type="checkbox"/> Bowstring <input type="checkbox"/> Flat   | Space to insulate: <input style="width: 80%;" type="text"/>   |
| Health & Safety concerns documented? Refer to section(s): <input style="width: 90%;" type="text"/>   |   |
| Area: <input style="width: 150px;" type="text"/>   | Existing Insulation Type: <input style="width: 150px;" type="text"/> Existing Thickness: <input style="width: 100px;" type="text"/> |
| Condition of existing insulation: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR  |   |
| Roof material: <input type="checkbox"/> Metal <input type="checkbox"/> Shingles      Add elastomeric coating? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Comments: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>  |   |

### BELLY

|   |   |   |
|---|---|---|
| Belly condition: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR  | Space to insulate: <input style="width: 80%;" type="text"/>   | Joist depth: <input style="width: 80%;" type="text"/>                     |
| Health & Safety concerns documented? Refer to section(s): <input style="width: 90%;" type="text"/>  |   |   |
| Area of center: <input style="width: 100px;" type="text"/>  | Area of wings: <input style="width: 100px;" type="text"/>   | Existing insulation thickness: <input style="width: 100px;" type="text"/> |
| Condition of existing insulation: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR                               |   |   |
| Joist Direction: <input type="checkbox"/> Lengthwise <input type="checkbox"/> Widthwise   | Location of ductwork: <input type="checkbox"/> Below joists <input type="checkbox"/> Between joists |   |
| Condition of existing duct insulation: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR                          |   |   |
| Description of repairs required before insulating:<br><div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>                         |   |   |
| Condition of existing skirting: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> N/A    |   | Add skirting? <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Condition of ground vapor barrier: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> N/A |   | Install new? <input type="checkbox"/> Yes <input type="checkbox"/> No     |

### WALLS

|   |   |  |
|---|---|--|
| Walls vented? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Siding type: <input style="width: 100px;" type="text"/>       | Condition of siding: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR |
| Existing insulation? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Wall cavity space: <input style="width: 100px;" type="text"/> | Wall area to insulate: <input style="width: 100px;" type="text"/>  |
| Health & Safety concerns documented? Refer to section(s): <input style="width: 90%;" type="text"/>                                |   |  |
| Description of repairs required before insulating:<br><div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div> |   |  |

## HOUSE DETAILS—ADDITIONAL INFORMATION

### WINDOW & DOOR ADDITIONS

|   |  |
|---|--|
| Average window size: <input style="width: 50px;" type="text"/>  | Number facing: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West |
| Window Glazing: <input type="checkbox"/> Single pane <input type="checkbox"/> Single w/storm <input type="checkbox"/> Double pane <input type="checkbox"/> Double w/Low E   |  |
| Window frame material: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl Other: <input style="width: 100px;" type="text"/>  |  |
| Average door area: <input style="width: 50px;" type="text"/>  | Number facing: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West |
| Door material: <input type="checkbox"/> Solid Wood <input type="checkbox"/> Hollow Wood <input type="checkbox"/> Insulated Metal <input type="checkbox"/> Glass Other: <input style="width: 100px;" type="text"/> |  |
| Existing Storm Doors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor                       |  |

### ROOF ADDITION

|   |
|---|
| Roof Construction Details (Ex. hip or gable; metal or asphalt shingles): <input style="width: 300px;" type="text"/>   |
| Health & Safety concerns documented? Refer to section(s): <input style="width: 300px;" type="text"/>  |
| Area: <input style="width: 50px;" type="text"/> Joist depth: <input style="width: 50px;" type="text"/> Joist spacing: <input style="width: 50px;" type="text"/>                   |
| Existing insulation: <input type="checkbox"/> Batts <input type="checkbox"/> Loose Fill <input type="checkbox"/> None Existing R-value: <input style="width: 50px;" type="text"/> |

### SIDE WALL ADDITIONS

|  | Wall 1  | Wall 2  | Wall 3  | Wall 4  | Wall 5  | Wall 6  |
|--|---|---|---|---|---|---|
| Existing Insulation Type:  | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             |
| Existing R-value:  | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             |
| Repairs Needed?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Can wall be dense-packed?:   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Electrical Concern?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Area to Insulate:  | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             | <input style="width: 50px;" type="text"/>             |
| Wall exterior: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Brick/Stone Other: <input style="width: 100px;" type="text"/>   |   |   |   |   |   |   |
| Stud width: <input type="checkbox"/> 2x4 16" OC <input type="checkbox"/> 2x6 16" OC <input type="checkbox"/> 2x6 24" OC  |   |   |   |   |   |   |
| Wall interior: <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Paneling Other: <input style="width: 100px;" type="text"/> |   |   |   |   |   |   |
| Health & Safety concerns documented? Refer to section(s): <input style="width: 300px;" type="text"/>   |   |   |   |   |   |   |

### FOUNDATION ADDITION

|  |
|--|
| Foundation type: <input type="checkbox"/> Crawlspace <input type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/> Pier                               |
| Area: <input style="width: 50px;" type="text"/> Joist depth: <input style="width: 50px;" type="text"/> Joist spacing: <input style="width: 50px;" type="text"/>                  |
| Health & Safety concerns documented? Refer to section(s): <input style="width: 300px;" type="text"/>   |
| Existing insulation: <input type="checkbox"/> Batt <input type="checkbox"/> Loose Fill <input type="checkbox"/> None Existing R-value: <input style="width: 50px;" type="text"/> |

## PRIORITY LIST AIR SEALING

### SITE BUILT HOME AIR SEALING NEEDS

|   |   |   |   |
|---|---|---|---|
| Attic:  | <input type="checkbox"/> Top plates to drywall<br><input type="checkbox"/> Wire penetrations<br><input type="checkbox"/> HVAC chase<br><input type="checkbox"/> Plumbing chase<br><input type="checkbox"/> Chimney/flue chase | <input type="checkbox"/> Closet dropped ceiling<br><input type="checkbox"/> Soffit dropped ceiling<br><input type="checkbox"/> Electrical junction boxes<br><input type="checkbox"/> Balloon framing<br><input type="checkbox"/> Can lights _____ | <input type="checkbox"/> Attic access<br><input type="checkbox"/> Ductwork<br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div> |
| Crawlspace:   | <input type="checkbox"/> Flue chase<br><input type="checkbox"/> Wire penetrations<br><input type="checkbox"/> Ductwork  | <input type="checkbox"/> HVAC chase<br><input type="checkbox"/> Plumbing penetrations<br><input type="checkbox"/> Balloon framing   | <input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div>   |
| Walls:  | <input type="checkbox"/> Window perimeter<br><input type="checkbox"/> Door threshold<br><input type="checkbox"/> Door weatherstripping  | <input type="checkbox"/> Plumbing penetrations<br><input type="checkbox"/> Light fixtures<br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div>  | <input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div>   |
| Other: <div style="border: 1px dotted black; width: 100%; height: 50px;"></div> |   |   |   |

### MANUFACTURED HOME AIR SEALING NEEDS

|              |   |   |   |
|--------------|---|---|---|
| Inside Home: | <input type="checkbox"/> Dropped ceiling<br><input type="checkbox"/> Floor trim<br><input type="checkbox"/> Ceiling trim<br><input type="checkbox"/> Plumbing penetrations<br><input type="checkbox"/> Window perimeter | <input type="checkbox"/> Bathtub cutouts<br><input type="checkbox"/> Window air conditioners<br><input type="checkbox"/> Outlets/switches<br><input type="checkbox"/> Wall mounted fixtures<br><input type="checkbox"/> Door weatherstripping   | <input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div> |
| Belly:       | <input type="checkbox"/> Plumbing penetrations<br><input type="checkbox"/> Bathtub trap<br><input type="checkbox"/> Wire penetrations   | <input type="checkbox"/> Belly board<br><input type="checkbox"/> Duct penetrations<br><input type="checkbox"/> Dryer vents  | <input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div>   |
| Roof:        | <input type="checkbox"/> Flue penetration(s)<br><input type="checkbox"/> Exhaust fan penetrations<br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div>                  | <input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div><br><input type="checkbox"/> <div style="border: 1px dotted black; height: 15px; width: 100%;"></div> |   |



## AIR LEAKAGE & VENTILATION TESTING

### BLOWER DOOR

|   |  |  |
|---|--|--|
| CFM <sub>50</sub> : <input style="width: 80%;" type="text"/>                          | Ring: <input style="width: 80%;" type="text"/> | House Pressure: <input style="width: 80%;" type="text"/> |
| Comments: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |  |  |

### ZONAL PRESSURES

| Zone  | Pressure                                    |
|---|---|
| Main Attic  | <input style="width: 80%;" type="text"/> Pa |
| Secondary Attic   | <input style="width: 80%;" type="text"/> Pa |
| Garage  | <input style="width: 80%;" type="text"/> Pa |
| Crawlspace/Basement   | <input style="width: 80%;" type="text"/> Pa |
| Combustion Appliance Zone: <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> Pa |
| Combustion Appliance Zone: <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> Pa |
| Other: <input style="width: 80%;" type="text"/>                     | <input style="width: 80%;" type="text"/> Pa |

Depressurize house to -50 Pa WRT outdoors. Measure pressure in zone WRT the main living space. Readings under 50 Pa indicate a connection between the living space and the zone.

### WHOLE HOUSE VENTILATION (PER ASHRAE 62.2-2010)

|  |  |
|--|--|
| Ventilation required (based on calculations): <input style="width: 80%;" type="text"/>       | Existing ventilation? <input type="checkbox"/> Yes <input type="checkbox"/> No CFM: <input style="width: 80%;" type="text"/> |
| Measured ventilation airflow post installation: <input style="width: 80%;" type="text"/> CFM |  |

### EXHAUST VENTILATION

| Vent Type   |                               | Operational?   | Vented Outdoors?   | Measured CFM:                            |  | Operational Window in Room?                              |
|---|-------------------------------|--|--|--|--|--|
|   |                               |  |  | Pre                                      | Post                                     |  |
| Bath Exhaust 1  | <input type="checkbox"/> NONE | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bath Exhaust 2  | <input type="checkbox"/> NONE | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Kitchen Exhaust   | <input type="checkbox"/> NONE | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dryer Vent  | <input type="checkbox"/> NONE | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | X  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: <input style="width: 80%;" type="text"/>                                       | <input type="checkbox"/> NONE | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: <input style="width: 80%;" type="text"/>                                       | <input type="checkbox"/> NONE | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Comments: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div> |                               |  |  |  |  |  |

## DISTRIBUTION SYSTEM

### DISTRIBUTION SYSTEM ONE

|  |   |   |  |
|--|---|---|--|
| System served: <input style="width: 500px;" type="text"/>  |   |   |  |
| Location of ductwork: <input type="checkbox"/> Attic <input type="checkbox"/> Foundation level <input type="checkbox"/> Living space                       |   |   |  |
| Ductwork material: <input type="checkbox"/> Flex <input type="checkbox"/> Metal <input type="checkbox"/> Duct board <input type="checkbox"/> Wall cavities |   |   | Diameter of ducts: <input style="width: 50px;" type="text"/> |
| Existing insulation? <input type="checkbox"/> Yes <input type="checkbox"/> No  | R-value of existing insulation: <input style="width: 50px;" type="text"/> |   | Amount to add: <input style="width: 50px;" type="text"/>     |
| Number of supply registers: <input style="width: 50px;" type="text"/>  |   | Number of return registers: <input style="width: 50px;" type="text"/> |  |
| Health & Safety concerns documented? Refer to section(s): <input style="width: 350px;" type="text"/>   |   |   |  |
| Comments: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>  |   |   |  |

### DISTRIBUTION SYSTEM TWO

|  |   |   |  |
|--|---|---|--|
| System served: <input style="width: 500px;" type="text"/>  |   |   |  |
| Location of ductwork: <input type="checkbox"/> Attic <input type="checkbox"/> Foundation level <input type="checkbox"/> Living space                       |   |   |  |
| Ductwork material: <input type="checkbox"/> Flex <input type="checkbox"/> Metal <input type="checkbox"/> Duct board <input type="checkbox"/> Wall cavities |   |   | Diameter of ducts: <input style="width: 50px;" type="text"/> |
| Existing insulation? <input type="checkbox"/> Yes <input type="checkbox"/> No  | R-value of existing insulation: <input style="width: 50px;" type="text"/> |   | Amount to add: <input style="width: 50px;" type="text"/>     |
| Number of supply registers: <input style="width: 50px;" type="text"/>  |   | Number of return registers: <input style="width: 50px;" type="text"/> |  |
| Health & Safety concerns documented? Refer to section(s): <input style="width: 350px;" type="text"/>   |   |   |  |
| Comments: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>  |   |   |  |

### DISTRIBUTION SYSTEM THREE

|  |   |   |  |
|--|---|---|--|
| System served: <input style="width: 500px;" type="text"/>  |   |   |  |
| Location of ductwork: <input type="checkbox"/> Attic <input type="checkbox"/> Foundation level <input type="checkbox"/> Living space                       |   |   |  |
| Ductwork material: <input type="checkbox"/> Flex <input type="checkbox"/> Metal <input type="checkbox"/> Duct board <input type="checkbox"/> Wall cavities |   |   | Diameter of ducts: <input style="width: 50px;" type="text"/> |
| Existing insulation? <input type="checkbox"/> Yes <input type="checkbox"/> No  | R-value of existing insulation: <input style="width: 50px;" type="text"/> |   | Amount to add: <input style="width: 50px;" type="text"/>     |
| Number of supply registers: <input style="width: 50px;" type="text"/>  |   | Number of return registers: <input style="width: 50px;" type="text"/> |  |
| Health & Safety concerns documented? Refer to section(s): <input style="width: 350px;" type="text"/>   |   |   |  |
| Comments: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>  |   |   |  |

## DUCT LEAKAGE TESTING

## PRESSURE PAN

| Return/Supply | Room | Pa | Duct Location | Duct Type | Insulation?  |
|---------------|------|----|---------------|-----------|--|
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |      |    |               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Comments:     |      |    |               |           |  |
|               |      |    |               |           |  |

## DUCT LEAKAGE TESTING

| System Type | Floor Area Served | Location of Air Handler | Location of Ductwork | Total Leakage | Leakage to Outside |
|-------------|-------------------|-------------------------|----------------------|---------------|--------------------|
|             |                   |                         |                      |               |                    |
|             |                   |                         |                      |               |                    |
|             |                   |                         |                      |               |                    |

Comments:

## COOLING SYSTEMS

### PRIMARY COOLING SYSTEM

|  |  |               |                                     |                                      |
|--|--|---------------|-------------------------------------|--------------------------------------|
| Cooling Unit Description:  |  | Type:         | <input type="checkbox"/> FORCED AIR | <input type="checkbox"/> WINDOW UNIT |
| Manufacturer:  |  | Model Number: |                                     |                                      |
| Efficiency Rating:   |  |               |                                     |                                      |
| Is system red tagged? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |               |                                     |                                      |
| Comments:<br><div></div>   |  |               |                                     |                                      |

### SECONDARY COOLING SYSTEM

|  |  |               |                                     |                                      |
|--|--|---------------|-------------------------------------|--------------------------------------|
| Cooling Unit Description:  |  | Type:         | <input type="checkbox"/> FORCED AIR | <input type="checkbox"/> WINDOW UNIT |
| Manufacturer:  |  | Model Number: |                                     |                                      |
| Efficiency Rating:   |  |               |                                     |                                      |
| Is system red tagged? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |               |                                     |                                      |
| Comments:<br><div></div>   |  |               |                                     |                                      |

### SECONDARY COOLING SYSTEM

|  |  |               |                                     |                                      |
|--|--|---------------|-------------------------------------|--------------------------------------|
| Cooling Unit Description:  |  | Type:         | <input type="checkbox"/> FORCED AIR | <input type="checkbox"/> WINDOW UNIT |
| Manufacturer:  |  | Model Number: |                                     |                                      |
| Efficiency Rating:   |  |               |                                     |                                      |
| Is system red tagged? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |               |                                     |                                      |
| Comments:<br><div></div>   |  |               |                                     |                                      |

## APPLIANCES

### WATER HEATER

|  |   |  |
|--|---|--|
| Fuel Type: <input style="width: 80%;" type="text"/>  | Location: <input style="width: 80%;" type="text"/>                        | Measured Temp.: <input style="width: 80%;" type="text"/> |
| Manufacturer: <input style="width: 90%;" type="text"/>   |   | Model Number: <input style="width: 90%;" type="text"/>   |
| Tank Size: <input style="width: 80%;" type="text"/>  | Tank Insulation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Add insulation? <input style="width: 80%;" type="text"/> |
| Expansion Tank? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, proper charge? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |
| P&T Valve? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, piped properly? <input type="checkbox"/> Yes <input type="checkbox"/> No      Water leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| Pipe insulation? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Condition of existing? <input style="width: 80%;" type="text"/>           | Space to add: <input style="width: 80%;" type="text"/>   |
| Vented properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   | If no, describe: <input style="width: 90%;" type="text"/>                 |  |
| Does area around tank and/or piping show signs of water leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |
| If yes, record where the leaks are and include photo documentation with this form:   |   |  |
|  |   |  |

### PRIMARY REFRIGERATOR

|  |  |  |
|--|--|--|
| Manufacturer: <input style="width: 80%;" type="text"/>   | Model Number: <input style="width: 80%;" type="text"/>                             | Cubic Ft: <input style="width: 80%;" type="text"/> |
| Type: <input type="checkbox"/> SIDE-BY-SIDE <input type="checkbox"/> TOP FREEZER <input type="checkbox"/> BOTTOM FREEZER | Door Hinge: <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> RIGHT SIDE |  |
| Metering: 24-hr: <input style="width: 80%;" type="text"/> KWH/YR   | Metering: 2-hr: <input style="width: 80%;" type="text"/> KWHR/YR                   | Age: <input style="width: 80%;" type="text"/>      |
| Comments:  |  |  |
|  |  |  |

### SECONDARY REFRIGERATOR

|  |  |  |
|--|--|--|
| Manufacturer: <input style="width: 80%;" type="text"/>   | Model Number: <input style="width: 80%;" type="text"/>                             | Cubic Ft: <input style="width: 80%;" type="text"/> |
| Type: <input type="checkbox"/> SIDE-BY-SIDE <input type="checkbox"/> TOP FREEZER <input type="checkbox"/> BOTTOM FREEZER | Door Hinge: <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> RIGHT SIDE |  |
| Metering: 24-hr: <input style="width: 80%;" type="text"/> KWH/YR   | Metering: 2-hr: <input style="width: 80%;" type="text"/> KWHR/YR                   | Age: <input style="width: 80%;" type="text"/>      |
| Comments:  |  |  |
|  |  |  |

## APPLIANCES

### LIGHTING

| Room Description | Ceiling/Wall/Table/Other | Quantity | Wattage | Approximate Daily Use | Dimmable?  |
|------------------|--------------------------|----------|---------|-----------------------|--|
|                  |                          |          |         |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |                          |          |         |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |                          |          |         |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |                          |          |         |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |                          |          |         |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |                          |          |         |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |                          |          |         |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |                          |          |         |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |                          |          |         |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### LIGHTING - CAN LIGHTS

| Room Description | Quantity | Wattage | IC/Non-IC Rated?  | Dimmable?  |
|------------------|----------|---------|---|--|
|                  |          |         | <input type="checkbox"/> Non-IC <input type="checkbox"/> IC | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |          |         | <input type="checkbox"/> Non-IC <input type="checkbox"/> IC | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |          |         | <input type="checkbox"/> Non-IC <input type="checkbox"/> IC | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |          |         | <input type="checkbox"/> Non-IC <input type="checkbox"/> IC | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### WATER FIXTURES

| Faucet/Showerhead/Toilet | Room Description | Flow Rating | Approximate Daily Usage |
|--------------------------|------------------|-------------|-------------------------|
|                          |                  |             |                         |
|                          |                  |             |                         |
|                          |                  |             |                         |
|                          |                  |             |                         |
|                          |                  |             |                         |
|                          |                  |             |                         |
|                          |                  |             |                         |